


FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90227 038 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000003839					
1. Entity Name MODERNEYES THEATRE CORPORATION					
Principal Place of Business 2517 W. PALM DRIVE SUITE 2 TAMPA, FL 33629			Mailing Address 2517 W. PALM DRIVE SUITE 2 TAMPA, FL 33629		
2. Principal Place of Business <i>4873 COBIA DRIVE</i>			3. Mailing Address <i>4873 COBIA DRIVE</i>		
Suite, Apt. #, etc. <i>B</i>			Suite, Apt. #, etc. <i>APT. B</i>		
City & State <i>ST. PETERSBURG - FL</i>			City & State <i>ST. PETERSBURG - FL</i>		
Zip <i>33701</i>		Country <i>USA</i>		4. FEI Number <i>20-1011601</i>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HYDE PARK ACCOUNTANTS, PA 2305 W. MORRISON AVE. TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLADE, LINDA MRS. 2517 W. PALM DRIVE SUITE 2 TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLADE, LINDA MRS. 4873 COBIA DRIVE APT B ST PETERSBURG - FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAND, DONALD MR. 2517 W. PALM DRIVE SUITE 2 TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAND, DONALD MR. 4873 COBIA DRIVE, APT B ST. PETERSBURG - FL - 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAND, KEN MR. 13807 JOHN CASSON DRIVE HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05092005 Chg-NP CR2E037 (10/03)

4. FEI Number *20-1011601* Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Slade* 05/09/05 727-505-9666